

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1181

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 141

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 1308 East 33rd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 years
(Specify whether years, months or days)
In this community 36 years

3. (a) PRINT FULL NAME MAX POLLLOCK

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Rebecca 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 10 1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 5 Days 28 If less than one day hr. min.

9. Birthplace Russiah
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business Taylor

12. Name A. Abraham Polllock

13. Birthplace Russiah
(City, town, or county) (State or foreign country)

14. Maiden name DORA

15. Birthplace Russiah
(City, town, or county) (State or foreign country)

16. (a) Informant DR LEB POLLLOCK

(b) Address 1308 E 33rd

17. (a) Burial (b) Date thereof 1-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ROSE HILL

18. (a) Signature of funeral director P Jones

(b) Address 3402 Woodland

19. (a) Jan 10 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City 48
(If outside city or town limits, write "RURAL.") 3
(d) Street No. 1308 E 33rd 8
(If rural, give location)
(e) If foreign born, how long in U. S. A. 36 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 9 - 1941
year 1941 hour 12 30 minute 30 M.

21. I hereby certify that I attended the deceased from July 4, 1938
19 7 to Jan 9 - 1941 19 7

that I last saw him alive on Jan 9 - 1941 19 7
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Coronary Sclerosis

Other conditions gla
(Include pregnancy within 3 months of death)

Major findings: none
Of operations

Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury Δ

23. Signature Bergant Build (M. D. or other)
Address W. M. Crowe Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 1181

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 141

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT
FULL NAME Max pallock

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 52 Months 5 Days 28 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)

{ 14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) Jan 10 1946 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH Month Jan day 9
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
_____ 19 _____ to _____ 19 _____

that last saw him alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Robert Uhlmann (M. D. or other) M.D.

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

S-1181